


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005886
 1. Entity Name
GOSPEL POWER MINISTRIES INC.



Principal Place of Business Mailing Address
 801 E. ORANGE AVENUE P O BOX 840
 EUSTIS, FL 32727 EUSTIS, FL 32727

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 77-0496029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
SPEEGLE, ALLEN
801 E. ORANGE AVENUE
EUSTIS, FL 32727

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SCHRAM, PATRICK 2763 WAVE L BOX 109 LANCASTER, CA 93536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPEEGLE, ALLEN 801 E. ORANGE AVENUE EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHRAM, CHARLOTTE 801 E. ORANGE AVE. EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, THOMAS 801 E. ORANGE AVE EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000505317
 04/26/06-80110-023 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas M. Cooper 10 APRIL 2006 352 584 1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #